

Medical School, the case of a child, two months and six days old, with a marked depression of the occipital bone, with overlapping of the parietal. The child had slight convulsive movements of the hands and rolling of the eyes, with a disordered condition of the stomach and bowels. Dr. J. Hartigan had reported, in the *American Journal of the Medical Sciences* for January, 1884, forty-nine cases of trismus nascentium as being due to this cause. Dr. Lyttle presented this case to show that displacement of the occipital bone might occur without producing trismus.

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d.—MENTAL PATHOLOGY.

SEXUAL PERVERSION IN A FEMALE.—Dr. Kiernan (*Detroit Lancet*, May, 1884,) reports the following case of sexual perversion in a twenty-two-year-old girl who had a neurotic ancestry on the paternal side. Her face and cranium are asymmetrical. The patient has always liked to play boys' games, and to dress in male attire. She has felt herself at certain times sexually attracted by some of her female friends with whom she indulged in mutual masturbation; these feelings come at regular periods, and are then powerfully excited by the sight of the female genitals. The patient, in the interval, manifests only repugnance to attentions from men. She has been struck with the fact that while her lascivious dreams and thoughts are excited by females, those of females with whom she has conversed are excited by males. She, therefore, looks upon these feelings as of a morbid nature. At times she is troubled by imperative conceptions, such as that if she turns her head around she will break her neck; to avoid this ideal danger she at times carries her head in a very constrained position.

MENTAL ASPECTS OF CHOREA.—Dr. H. R. Stedman (*Boston Medical and Surgical Journal*, August 6, 1885) states that although many of the ordinary symptoms of chorea are attended, at some stage, by mental phenomena, the motor symptoms so far predominate as to completely mask them. On the other hand, in the most severe cases, the mental disturbance which is often quite pronounced, being intensified by the energetic character of his movements, is apt to mislead the practitioner, who regards the case simply as one of insanity and sends him to the asylum. Whereas, if the case were recognized as one of chorea, he would hesitate to do so.

CARDIAC DISEASE AMONG THE INSANE.—Dr. T. Duncan Greenless (*Journal of Mental Science*, October, 1885) concludes: 1. That heart disease occurs with greater frequency among the insane than among the sane. 2. That this increase in frequency is in

part regulated by the frequency of heart disease among the sane population in the vicinity of the asylum where the observations are made. 3. That heart disease is more frequent among the insane in counties where the ratio of the insane to the sane is greatest. 4. That the distribution of heart disease among the sane is regulated by the geographical position, dietetic and other influences acting as predisposing causes. Similar conditions appear to exercise an influence over the frequency of heart disease in the insane. 5. That the numerical difference between heart disease in the sane and insane is not great, being 8.72 per cent. of the total deaths in the former, and 9.36 per cent. in the latter. 6. That, according to his observations, heart disease is present in 12.94 per cent. of the living insane, and is the cause of death in 13.51 per cent. Both on admission and at death, the age of the greatest number, who had heart disease, was between sixty and seventy. 7. That the clinical symptoms of mitral regurgitation in the living insane, and the mitral disease with left-sided hypertrophy *post mortem*, are the most common affections. 8. That the hearts of the insane are heavier than those of the sane, and this condition is more especially noted in paretic dementia, where the heart is very frequently hypertrophied. 9. In many of the insane the general circulation is sluggish and the extremities are cold, livid, or even swollen. This condition occurs most frequently in chronic or advanced cases of insanity. 10. That the arteries are diseased very frequently in the insane, but arterial atheroma does not occur earlier than among the sane. In paretic dementia atheroma is independent of the age of the patient, and appears to be influenced by the duration of the disease. 11. That among the sane heart disease appears to exercise an important influence on the mind, and this mental change may reach insanity. 12. Not only does heart disease alter the type and delusions of insanity, but cases in which the cardiac disease seems to be the predisposing cause of insanity. These conclusions are simply corroboratory of the results of Griesinger, Luys, Burman, Dickson, Savage, Solfanelli, D'Astros, Sioli, Morel, Krapelin, Forbes Winslow, Mildner, Fothergill, Spitzka, Salemi-Pace, Clevenger, and Kiernan. The last concludes (*American Journal of Neurology*, No. 1, 1884): 1. That cardiac disease produces psychical symptoms, depression and hallucinations as well as delusions. 2. That cardiac may modify coexisting insanity. 3. That insanity may produce cardiac symptoms.

INFLUENCE OF ERYSIPELAS ON INSANITY.—Dr. Landerer (*Allgemeine Zeitschrift für Psychiatrie*, Band xli., Heft 4 and 5) reports the case of a female melancholiac, who was suddenly attacked by violent cephalic and facial erysipelas, causing deep seated supuration. *Pari passu* with the acute inflammation, the mental depression diminished until, with the disappearance of the erysipelas, all psychic symptoms likewise vanished.

INFLUENCE OF TRAUMATISM ON INSANITY.—Dr. Roth (*Breslauer Artzliche Zeitung*, No. 5, 1885) reports the case of a thirty-five-year-old female melancholiac, who precipitated herself from a forty-feet-high window, sustaining several cranial fractures. Coincident with the occurrence of acute symptoms from the fractures mental improvement occurred, followed by recovery.

GYNÆCOLOGICAL PROCEDURES IN THE PSYCHOSES.—Flechsigs (*Neurologisches Centralblatt*, Nos. 19 and 20, 1885) reports the case of a patient suffering from hysterical insanity which was cured by the removal of uterine fibroma. How much was due to the counter-irritation produced by the operation remains to be determined.

PARETIC DEMENTS IN INSANE HOSPITALS.—Dr. J. A. Campbell (*Lancet*, Aug. 8, 1885) states that: "Few cases are more difficult to deal with during their asylum life, none more liable to accident; most of the grave accidents in asylums befall this class of patients. Aggressive habits, without power to make good their threats and actions, are a source of danger from fellow-patients; abusive words, filthy habits, and sudden attacks have often been, though they should not, a provocative of bad treatment from those paid to take care of them. During the period of excitement which in almost every case occurs in the course of this disease, greater attention is needed than in other forms of excitement. More impulsive actions, more utterly hazardous and unreasoning attempts at doing impossible feats, are perpetrated by paretic dementals actuated by their delusions of power and grandeur, than we find during the excitement of other diseases. Realizing the fatal issue of this disease, less compunction need be felt in keeping the patient under sedative influence during an acute paroxysm. During the five years ending 1884 I admitted forty paretic dementals, and during that time thirty-six died without having sustained any grave injury during their asylum life. I must say I feel a source of danger past when patients of this class lose their power of walking, and I do not regret when such persons become bed-ridden. I probably differ from many in thinking the habit of propping up weak paretic dementals in wonderfully-made chairs is not for their good or comfort; it is said to prevent bed-sores, but patients at this stage should be kept clean in bed. With 547 patients, forty of whom are bed-ridden, there is not a bed-sore in the Carlisle Asylum."

AUDITORY HALLUCINATION IN A DEAF-MUTE.—Dr. H. P. Stearns (Report of the Hartford Retreat, April, 1885) reports the case of a lady, both deaf and dumb, who lost her hearing from scarlet-fever when a child, and, in consequence, her speech. "She was educated in the sign language, and her mind became very quick and active. She read books and magazines with eagerness;

conversed in the sign language with ease, and was a great favorite among her friends. When forty years of age, she suddenly, without assignable cause, became despondent, and indisposed to talk. She soon became suspicious of even her sisters; would take but little food; lost flesh rapidly; slept but little, and was so changed that friends placed her under treatment at a private insane hospital, where she remained several months prior to admission to the Retreat. At that time she was greatly excited, feeble, thin in flesh, and sleeping but little. She was much troubled with auditory hallucinations, and constantly endeavored to reply to voices in the air above her head. Her physical and mental condition has changed very considerably at times. During some periods, when most troubled with auditory hallucinations, she will take little or no food voluntarily; indicates that she thinks it is poisoned, or that persons in the air tell her not to eat. As these hallucinations subside, she resumes eating voluntarily; gains in flesh, is less excited, and will spend hours every day in looking over pictures in books, and later on, reads magazine articles with apparent interest. This improvement continues for weeks or even months; she regains strength; rides and walks daily, and generally seems pretty well; awakening an expectation of recovery, though it is not certain she is ever wholly free from hearing voices, and she certainly has never regained her natural mental tone and vigor. Then the auditory hallucinations become aggravated, and are frequently accompanied by visual hallucinations. She refuses food, becomes thin in flesh, and goes through an excited period, such as described above. This has occurred several times since she has been Dr. Stearns' patient; so that she might be considered a case of *folie circulaire*. The interesting point is, that she should, after so many years, during which she has been buried from all sound of the external world, be so greatly annoyed by auditory hallucinations. These are generally caused by irritation, in some manner, of the auditory nerve within the brain, or of a portion of the optic thalamus. These impressions are conveyed to the ego, and cause such sensations as ordinarily arise from vibrations of the atmosphere upon the tympanum. These sounds are interpreted by the ego usually as voices of persons, probably because it is accustomed more often to hear the human voice than other sounds, especially when at home or in the presence of others. But why it should be so in this case, is difficult to explain. The auditory nerve has been in a dormant condition more than thirty-five years. So long a period of inactivity it seems should destroy its functional activity. This, however, has not been the case in this instance, but, on the contrary, it appears to be very active. At times when reclining with her eyes closed, she will start up, cross the room, and reply to some imaginary voice. She will then place her finger upon her ear, to show that she hears, and then, after listening, reply again, thus continuing an imaginary conversation for some time. She evidently regards this hearing with great surprise, but appears to be unable to understand that it is not real. It would seem that

there still slumbered in the personality a remembrance of the voices of childhood, and when the requisite conditions of the tissue of the auditory nerve are excited, the voices which she was accustomed to hear so many years ago, come reverberating back again. She becomes excited, sometimes pleased, but more often distressed; wonders and grieves, until the system becomes profoundly affected." It is obvious that Dr. Stearns fails to recognize the registering functions of the cerebrum, and is in ignorance of the more recent researches on hallucinations.

AUTOPSY FINDINGS IN A HEBEPHRENIAC.—Dr. T. W. Fisher (Boston Lunatic Hospital Report, 1885) reports the following autopsy findings in a hebephreniac: Male, nineteen years. Autopsy three hours after death. Body medium size, fairly developed, greatly emaciated; slight lividity of dependent portions. Calvaria and dura not remarkable; pia thin and delicate; meshes contain considerable clear fluid; vessels of the base and in the fissure of Sylvius not remarkable; lateral ventricles contain each about 25 c.c. of clear fluid; ependyma smooth and shining. Brain weighed 1,490 grms. and did not fill the cavity of the skull. On section, brain substance tolerably firm; everywhere very pale; tolerably moist; no puncta-cruenta to be seen. Beyond the pallor the other portions of the brain showed nothing.

CURABILITY OF INSANITY.—Dr. Pliny Earle concludes from a recent study of statistics (*American Journal of Insanity*, October, 1885): First, that the old claim of curability in recent cases is not sustained and this failure to sustain it is more striking and apparent than at another time. Secondly, that the percentage of recoveries reported of all cases in this country continues to diminish.

TRANSFORMATION OF FEIGNED INTO TRUE INSANITY.—Dr. V. Parant (*Annales médico-psychologiques*, July, 1885) says that the idea that an attempt to simulate insanity may result in true insanity is as yet but a theory. All reported cases are to be explained by the fact that people who simulated had already presented unrecognized symptoms of insanity which needed but the strain of simulation to make it demonstrable.

OVERWORK AND INSANITY.—Dr. Orpheus Everts (*American Practitioner*, August, 1885,) concludes: "That while overwork in a general sense is a prominent factor in the causation of diseases, some of which are manifested by insanity, overwork in the performance of mental functions is not a sole or frequent cause of such diseases.

TRIBADISM IN INSANE HOSPITALS—Dr. Lombroso (*Archivio di Psichiatria*, vol. vi., fasc. iii.) calls attention to the existence of

tribadism among female insane patients in insane hospitals. Out of two hundred insane patients under treatment at Pavia ten were addicted to this practice, which had been introduced into the establishment by a fifty-year-old cretin who usually played the male part. The others were an acute maniac, chronic confusional lunatics, and hebephreniacs. The acute maniac abandoned the practice on recovery and spoke of it with disgust. Two sisters admitted at the same time to the Cook County Hospital for the insane had been addicted to the practice, and one of them introduced it into the institution, where, by reason of overcrowding, two patients often require to sleep in the same bed. By separating the two persons the evil proceeded no farther.

PARANOIA OF THE MORAL INSANITY VARIETY.—Dr. C. K. Mills (*Medical and Surgical Reporter*, August 22, 1885) reports the following case of paranoia of the moral insanity variety: "He is of good family, as many of these patients are. By 'good family' I mean principally that the intellect, as far as the other members of the family are concerned, is good. He is now about forty years of age. All that can be said about his childhood is that he was peculiar. He grew up to manhood and began to exhibit certain eccentricities and peculiarities of conduct and behavior. While his mother was very ill, he went through the community and invited a number of people to attend her funeral, and even had the house crowded with people coming to the funeral of his mother before she was yet dead. Then it was noticed that this man of good family and good surroundings now and then committed some form of misdemeanor without any cause for so doing. He obtained money under false pretences, without any excuse for his actions. He went to a Western city, but was unable to keep any position for any length of time, although having a good education and some ability as a writer. He has occupied the position of reporter and editor on a number of newspapers, but was unable to keep any situation for any length of time. He obtained money from one of his relatives on the statement that he wished to use it in obtaining employment. Instead of doing this, he spent the money in feasting reporters and others connected with the newspapers; the result of this expenditure was that he got a few passes to the theatre. Not satisfied with this, he also forged passes to the theatre. He was arrested for forging the passes, and there was a great exposé of the whole matter. He was sent to an asylum. In New York he again obtained money under false pretences, was arrested, and was sent to the penitentiary. He has been in three or four asylums, in a county penitentiary, and other penal institutions. He has done many things to try to gain notoriety. His strong personal characteristics are intense egotism and vanity. He seems to have no appreciation of the distinction between the truth and a lie. I believe that in the interviews I had with him he told more outrageous lies, with more coolness

and appearance of truth, than I have heard from any other individual in the same time. So striking is this characteristic in these individuals, that they impress upon others the apparent truthfulness of their statements, and thus interest others in their statements. It is for this reason that worthy persons—clergymen, physicians, lawyers, philanthropists—have been induced to believe the representations of such people, and fight their battles for them. They can lie so plausibly, give so complacently a history which is entirely the opposite of the truth, that almost any one would believe them. As for the occurrence of distinct delusions in patients of this kind, it would often be difficult to make a point of this. They have delusions as to their own importance. Their reason for doing this, that, or the other thing, is based often upon a delusive idea.”

EPILEPTICS IN INSANE HOSPITALS.—Dr. J. A. Campbell (*Lancet*, August 8, 1885) states that “in epileptic insanity the influence of continued treatment by bromide of potassium in preventing excitement and reducing the number of fits has been so long proved that I should think the treatment is made use of in most asylums, or should be. Dr. Macphail, in his valuable essay on the blood of the insane, found that the blood of epileptics treated daily with ninety grains of this bromide for periods of over two, ten, and fifteen years, had not been deteriorated by the prolonged use of this drug. I have, however, noticed that epileptics who have been long under this treatment are liable to have congestion of the bases and posterior portions of their lungs; this condition seldom passes further than congestion. Until I recognized the state and its cause, I frequently feared epileptics were liable to double pneumonia. After a succession of fits epileptics should be allowed to lie in bed, and during the period of epileptic excitement no sentimental opinion should prevent their seclusion; for the excitement in epileptic insanity differs from that in other forms—it is more easily acted on by outward causes, it subsides more quickly in solitude, and its characters render it more dangerous to the sufferer and those around him.”

NON-RESTRAINT IN THE TREATMENT OF INSANITY.—Dr. Bryce (Report of the Alabama Insane Hospital, 1884) says that non-restraint means not only close attention to bodily conditions and wants, but it takes cognizance of the peculiar tastes, habits, and idiosyncrasies of the patient. It diverts the morbid fancies into healthy channels of thought and feeling. It relieves the ennui, begotten of idleness, by healthful and congenial occupation; and it dissipates despair and gloom by well-timed and appropriate diversion. There is, in fact, no act of the patient's life, however trivial, that does not come under the notice of the efficient nurse; and it is only by the closest attention to these details that the best

results of moral treatment are to be secured. It must be plain, then, that any system of management that does not recognize and enforce all of these fundamental principles of good nursing, must necessarily be defective. Something over two years ago, he determined to give the system a fair trial in the wards of the Alabama Insane Hospital. Like most of his *confrères* in other well-managed hospitals, he had for many years past resorted to mechanical restraint only in exceptional cases, and a patient confined by either camisole or leathern mittens was a rare sight in our wards. But, becoming convinced that the system was wrong in principle, and injurious in its results upon both the patients and those who had the care of them, he concluded to abolish it entirely. He desires now, after a somewhat extended trial of the system, to record his unqualified conviction of its great value and perfect practicability in the management of the insane. It is gratifying to be able to state further that he is fully sustained in this opinion by every physician, officer, nurse, attendant, and employé of the hospital. If, indeed, he should attempt to describe in detail all the advantages that have followed the suppression of mechanical restraint in this hospital, this report would be extended beyond reasonable limits. He can truly say that there is scarcely a feature of his general management that has not been favorably modified under its influence. Its effect upon the nurses, in making them kind, patient, and considerate, and upon the patients in making them trustful, respectful, and courteous, is simply marvellous. The complaints of cruelty and injustice, so common in the wards of insane hospitals, have almost entirely ceased to be heard in this institution; and the relations of the patients, nurses, and officers are always of the most pleasant and amicable character. It has been plausibly objected, by those who are opposed to the system, that suicides, homicides, and accidents of various kinds are more likely to occur in the absence of mechanical restraints. He can only say that such has not been his experience, nor that of others who are justified in expressing an opinion on the subject. On the contrary, he has not only enjoyed perfect immunity from any of these predicted evils during the past two years, but it is a notable fact, which is verified by visitors and others who inspect the wards every day that the patients were never more quiet and tractable.

ORBITAL CELLULITIS AND MELANCHOLIA.—Dr. Percy Smith (*Journal of Mental Science*, October, 1885) reports the case of a thirty-year-old melancholiac. The patient on admission was suffering from injury to the head, the symptoms of cerebral concussion replacing those of agitated melancholia at first displayed with the full development of orbital cellulitis, his mental condition improved to a considerable extent, but only to pass into a profound depression concurrently with the healing of the abscess.

HALLUCINATIONS.—Dr. Hurd (Pontiac, Michigan, Hospital for the Insane, 1884, Report) says that native-born patients are less liable to hallucinations. "This is probably due to the fact that the education of native-born citizens is more complete, and their minds are less under the control of fancies about witchcraft, unseen agency, black art, and other supernatural machinery. Certain religious beliefs are apt to lead to the consideration of supernatural manifestations or unseen agencies, and thus pave the way for the development of hallucinations and illusions. Hallucinations of hearing are more common than those of sight, and hearing and sight hallucinations are more common than illusions of hearing and sight. Women are more apt to suffer from them than men. Women also suffer to a greater extent from illusions of visceral and genital sensibility. The latter facts are probably explained by the preponderance of organic or vegetative functions in the female organism. Nature seems to have designed that conception, gestation, and the subsequent nursing of children should be carried on without detriment to bodily health by thus overloading the organic functions of the female. Where mental derangement is developed, these exuberant organic forces play an important part in the unconscious mental activity of the individual, and give rise to disorders of sensation and false mental conceptions. These false impressions, whether of hearing, sight, smell, taste, or touch, are not always isolated. In many instances, deceptions of sight and hearing, and alterations of the gustatory, olfactory, and tactile senses are combined together. As a rule, the more complex hallucinations are present among patients with mental cultivation above the average. An ignorant person is unable to describe clearly or discriminate understandingly between complex illusions or hallucinations. It is highly probable that if all patients were able to describe clearly their hallucinations, it would be found that complex deceptions of the senses are comparatively common. Heredity plays a very important part. In 46 per cent. a hereditary tendency to mental disease was found to exist, in 32 per cent. the facts were unascertained, and in 22 only were insane relatives known *not* to exist. The relations of hallucinatory insanity to different clinical groupings are also of interest. In certain clinical groups a large percentage of patients suffer from hallucinations. In idiopathic and ovarian insanity, 60 per cent. have hallucinations or illusions; in traumatic insanity, 40; in paretic, 36; in puerperal, 33; in insanity of adolescence, 31; in alcoholic and climacteric, 29; and in masturbatic, 28. The percentage of hallucinated individuals in epileptic insanity is not as great as has been supposed. This is probably due to the fact that many cases of epileptic insanity at the time of their admission are too much impaired in mind to give a clear and connected account of hallucinations or illusions. Could all epileptic patients be examined upon this point prior to mental impairment, it would undoubtedly be found that a much larger percentage suffer from hallucinations. It will be noticed that the

more closely the insanity is allied to a neurotic organization or dependent upon an organic cause or produced by actual disease, the more certain are hallucinations and illusions to exist. It is interesting to note that no cases of hallucinatory insanity have been found here prior to the age of fifteen, and that they are most frequent between the ages of thirty-five and forty. It would seem as if disorders of this character were most frequent when the individual had arrived at an age where mental introspection is possible. Prior to thirty years of age, individuals are interested and occupied in the activities of life. Between thirty and forty more opportunity is given for meditation and comparison, and hence in the insanities developing at that time hallucinations and strange impressions seem more common. The existence of hallucinations and illusions does not render the prognosis of mental disease wholly hopeless. Upwards of one in five recover. The fact, however, that nearly four fifths die, or go on to chronic forms of disease, indicates their extreme gravity. Many visceral illusions are connected with disorders of digestion or difficulties in the absorption or assimilation of food. Among epileptics illusions unquestionably arise from an epileptic aura, and are of the nature of true neuralgia. In ovarian insanity, genital illusions are unquestionably due to ovarian irritation, and probably are largely connected with morbid conditions of the ovaries." This last observation is much too strongly put. Hallucinations are, despite these observations, frequent in insanity of children.

PARANOIA.—The Utica alienists, educated by the Guiteau trial, are studying paranoia, but are evidently very much confused, being very badly biassed by *a priori* conceptions of insanity. One of the ablest American clinical alienists, Dr. Hurd, seems to have had no difficulty in grasping in its fulness the German conception of paranoia, which, after all, was fully recognized by Ray and Nichols, under the title of "Imbecility of the first grade," a conception precedent to the German one, and lost sight of through the dominance of the philistines of the Utica school. Dr. Hurd says (Report of the Pontiac, Michigan, Hospital for the Insane, 1884): "The term 'dementia, monomania' includes a large number of cases in a secondary stage of mental disease. The majority of these persons have passed through its active stages, and have regained a degree of physical and mental vigor. Their minds, however, are enfeebled and they retain systematized delusions in a particular direction. A careful study of the cases included under this head shows that all patients suffering from monomaniacal delusions are not necessarily victims of marked dementia. In a few instances at least, the dementia does not seem to have developed from a pre-existing attack of mania or melancholia, but to have arisen primarily from the native constitution of the patient's mind and as a diseased development of a neurotic organization. The form of disease of this class of cases has been called by the Ger-

mans primary paranoia, a term which has been translated into English 'primary monomania.' It has heretofore been customary to regard them as victims of secondary dementia, and to suppose that in each instance a preceding attack of mania or of melancholia had been destitute of active symptoms and had not been recognized by the friends. A painstaking analysis of several cases, classed as dementia, monomania, shows that in some the morbid phenomena developed primarily.

"In view of the fact that cases of this character are comparatively infrequent, it is deemed proper to give a detailed history of two. The first, a male, twenty-seven years of age, a farmer, inherited from an eccentric, improvident, and unsuccessful father, and an insane mother, a neurotic organization. He grew up with a turn for mechanical inventions, and was studious and thoughtful beyond his years. One of his inventions, at least, proved valuable and has been generally adopted. At the age of twenty-four, without any antecedent excitement or depression, he first attracted attention by writing a letter to a sister, in which he used blood from his arm instead of ink. After he had finished it he smeared the page with blood, and stated that he wished to see rivers of it flow. Almost immediately he became unsettled and devoted himself to erratic inventions and the study of the Bible. He believed himself sent by God to preach, and went about dressed in a fantastic suit of velvet, armed with a two-edged sword, preaching and distributing tracts, which were largely composed of Scripture texts and enigmatical, incoherent explanations of them. He believed himself to be a prophet and 'the man on the white horse,' spoken of in the book of Revelation. He also fancied himself to be sent upon a special mission to convert and restore fallen women. With these extravagant delusions there were mingled delusions of suspicion and persecution. He believed himself to be defrauded of property and persecuted without cause. He was finally arrested and lodged in jail because of frequent threats to kill a relative, and then brought to the asylum. He came with a Bible under his arm, and announced that he was persecuted 'for righteousness sake.' He said that he had done no violence to any person, and had been guilty of no unjustifiable threats; acknowledged that he was eccentric, that he had worn a fantastic suit, and carried a two-edged sword in order to attract attention, but that the latter paraphernalia were 'a powerful agency,' and calculated to attract attention and 'do good.' He threatened his sister and her husband because they ill-treated his mother, and he destroyed property and threw articles from the house because he desired to get possession of his own. He had broken no law, and 'the joke had gone far enough.' He knew more about the Bible than any other person, and through careful study, was better qualified to teach the Scriptures than any divine. He spoke of the rottenness and hypocrisy of the church, and declared that several immoral women were church members at home. He declared that he had received much immoral solicitation, and had witnessed lewd con-

duct on the part of several church members. When asked if his conduct was not calculated to cast doubts upon his sanity, he replied that martyrs in all ages had been persecuted for righteousness sake. He turned to the 49th chapter of Genesis and read as follows: 'Judah, thou art he whom thy brethren shalt praise; thy hand shall be in the neck of thine enemies, thy father's children shall bow down before thee. Judah is a lion's whelp; from the prey, my son, thou art gone up: he stooped down, he couched as a lion, and as an old lion; who shall rouse him up? The sceptre shall not depart from Judah, nor a law-giver from between his feet, until Shiloh come; and unto him shall the gathering of the people be.' He claimed to be 'Shiloh,' and to prove it, quoted from the 19th chapter of the Revelation: 'And I saw heaven opened, and, behold, a white horse, and he that sat upon him was called Faithful and True, and in righteousness he doth judge and make war. His eyes were as a flame of fire, and on his head were many crowns, and he had a name written that no man knew but he himself, and he was clothed in a vesture dipped in blood, and his name was called the Word of God. And the armies which were in heaven followed him upon white horses, clothed in fine linen, white and clean. And out of his mouth goeth a sharp sword, and with it he should smite the nations, and he shall rule them with a rod of iron, and he treadeth the wine-press of the fierceness and wrath of Almighty God. And he hath on his vesture and on his thigh a name written, King of kings and Lord of lords.' His coming here was prophesied, and read from the 20th verse of the 2d chapter of the Revelation to the close of the chapter. The adulterous woman referred to above he was shown in a vision by an angel of the Lord one year ago. He had offered himself in marriage to seven lewd women in succession without knowing their character, and had been rejected by each of them on account of his religious belief, but afterwards received a vision from the Lord which showed to him their true character. He also read numerous quotations from the Old Testament prophets, which announced his coming and imputed to him supernatural powers and a divine mission. Notwithstanding these extravagant conceptions of his own character, he is oftentimes gloomy, depressed and unhappy. He believes himself to be a martyr and a persecuted person, and is fearful of personal injury. He employs himself to some extent usefully, and engages under protest in games of cards and the like. It will be observed that his extravagant delusions are not those characteristic of parietic dementia, nor, on the other hand, are his delusions of persecution like those of melancholia. He is persecuted because of his distinguished character, not because he deserves such treatment. Were he a parietic, he would discover no difficulty in destroying his enemies; were he suffering from melancholia, he would accept his so-called imprisonment as a proper reward for ill deserts. This patient will probably reach what has been termed by German writers the 'stage of transformation,' when his ideas of persecution will no longer cause him dis-

tress, and he will become fully absorbed in the contemplation of his own divine mission and filled with extravagant schemes for the propagation of his religion.

"A female patient illustrates more fully all the stages of this form of disease. She came from a respectable and long-lived stock. Both father and mother were very nervous. The father was unsuccessful in business and possessed little energy. Her mother was active and energetic, but had little endurance, and died at the age of sixty, from apoplexy. The patient was active, energetic, and capable, but always peculiar. Her married life was unhappy, and she was divorced from two husbands at intervals of many years. She had always been jealous and irritable, but a conscientious worker, a fond mother, and a devoted wife. At the climacteric, when much reduced in health, she suddenly developed a delusion that she was watched and followed by suspicious persons. She first noticed these suspicious personages while waiting in a railway station, and perceived that they cast meaning glances at her. After she returned home she saw the same persons loitering about the little village where she lived. To ascertain their intentions, she planned a journey to an adjoining town where she formerly lived. There she saw the same mischievous characters dogging her footsteps from house to house. Becoming alarmed, she telegraphed for her son to accompany her home because she feared to undertake the journey alone. When she again reached home she was still annoyed by the attentions of the same persons, and developed the additional delusion that they were scattering powder about the streets to blow her up. Becoming wakeful, restless, and loquacious, it was necessary to place her in the asylum. After her restlessness and excitement had been allayed by the regularity of asylum life, she developed a delusion that she was the daughter of a wealthy New York merchant, and ingeniously constructed a theory to account for her apparent neglect by her father. She believed that her mother had been secretly married to this gentleman previous to her marriage to her reputed husband. The marriage, however, had been concealed for family reasons and she had been brought up as the apparent daughter of the man whose name she bore. She accounted for her not being molested by any person until late in life by the declaration that there was no motive for destroying her until after the death of her true parent. Her rightful claims to his large property rendered her a dangerous person who must be put out of the way, and she had been followed about and persecuted in consequence. During several years of asylum treatment she was restless, wakeful at night, apprehensive and much distressed, but never maniacal or depressed. After a time she developed strong religious delusions. She fancied herself about to become the mother of another Saviour. She had great distress of mind and extreme unwillingness to accept the responsibility thus thrust upon her, and spent her days in reading the Scriptures and her nights in prayer. She had trance states, during which she saw her physician, the Saviour, and other important

personages, and received divine messages. She had at times active delusions of persecution, suspected poison in her food, perceived noxious vapors in her room, and thought herself surrounded by enemies who were determined to take her life previous to the birth of her child. After several months she learned in a vision, that her child had been miraculously born without her knowledge, and that she was henceforth to occupy a high position. From this time her delusions of persecution ceased to distress her and she became cheerful and hopeful. She now spends much of her time in reading and writing. She displays a pleasant interest in her associates, is kind to her children and grandchildren, and her letters and conversation are coherent, pleasant, and natural. When questioned about her delusions, she asserts calmly, and without trace of excitement, her divine character and proclaims her divine mission. The tumults, anxiety, and distress of mind, which accompanied the stage of transformation have passed away, and she now bids fair to live a quiet, peaceful, and uneventful life the remainder of her days.

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e.—THERAPEUTICS OF THE NERVOUS SYSTEM.

MENTHOL AND ITS ACTION.—The results of Dr. A. Schmidt's experiments (*Centralblatt für klin. Med.*, Aug. 8, 1885) confirm the statements of McDonald and others, regarding the local anæsthetic properties of peppermint-camphor. Oil of peppermint is a mixture of a fluid hydro-carbon, menthen, $C_{10}H_{16}$, and of menthol, $C_{10}H_{18}OH$ the latter being also known as peppermint-camphor. The German, English, and American preparations of oil of peppermint contain a smaller portion of menthol than do the Chinese and Japanese, and consequently the latter preparations are solid and crystalline at ordinary temperatures. Menthol has long been used by the Chinese and Japanese for the relief of headache and especially toothache. Delieux de Savignac, McDonald and Rosenthal, have described the analgesic properties of the drug when locally applied. The effects produced a few years ago with the headache-sticks (Japanese?) suggested to Schmidt the idea of studying the physiological action of menthol. His experiments were made on animals and men, and finally he used it therapeutically. He obtained the following results: A frog's leg dipped in a weak solution of menthol in alcohol and water became completely anæsthetic after ten minutes. In warm-blooded animals the anæsthetic effect appeared more quickly and was more marked. A one per cent. alcoholic solution diminished the sensibility after a few minutes, but it required a ten per cent. solution to produce an effect equivalent to that of a one per cent. cocaine solution. The effect, however, of menthol lasted longer than that of cocaine. Irritation and injection of the cornea followed. The anæsthesia produced by pure crystals of menthol upon the cornea lasted from one half hour to three hours. Anæsthesia of the nasal mucous membrane was also produced after ten minutes by a ten